

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							10/576635							
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT			AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.			
1	/					51						100		
2		/				52								
3			/			53								
4				/		54								
5					/	55								
6						56								
7						57								
8						58								
9						59								
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11						61								
12						62								
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16				/		66								
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18						68								
19						69								
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21						71								
22						72								
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37			/			87								
38				/		88								
39					/	89								
40						90								
41						91								
42						92								
43						93								
44						94								
45						95								
46						96								
47						97								
48						98								
49						99								
50						100								
TOTAL IND.	4													
TOTAL DEP.	39													
TOTAL CLAIMS	43													